

Short Case Reports

Some unusual manifestations of syphilis

Condylomata lata of the face

A retrospective diagnosis

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Condylomata lata are rare on sites other than the moist areas of the body. The present communication deals with their appearance on the face, an event which, so far as the authors know, is being reported for the first time.

Case report

A 35-year-old married man was admitted to the Dermatological Ward of Ribandar Hospital on October 6, 1970, with multiple swellings on the face associated with a pricking type of pain of 3 months' duration.

PREVIOUS HISTORY

He had attended the out-patients department 10 weeks previously with the same complaint, and had stated that the swellings had started as flat erythematous lesions which became nodular within a fortnight. He also had a genital ulcer which had developed 14 weeks previously. He admitted after close questioning that the ulcer had appeared one month after an extramarital sexual contact. Blood was taken for serological tests for syphilis and a biopsy was taken from one of the facial nodules. It was intended to keep him under observation after he had received symptomatic treatment, but he failed to report again until he returned in such a serious condition that he had to be admitted to hospital. There were now dirty-yellowish nodular eruptions, with throbbing pain and a foul-smelling discharge. The genital ulcer was still present. He had had no rash, joint pains, or fever in the course of the present illness; a single injection of penicillin given earlier by a local doctor had given no relief.

EXAMINATION

The skin of the face showed multiple swellings of various sizes, some with a fungating surface, and some showing necrotic changes at the dome (Fig. 1). An indurated painless ulcer covered with dirty necrotic discharge was

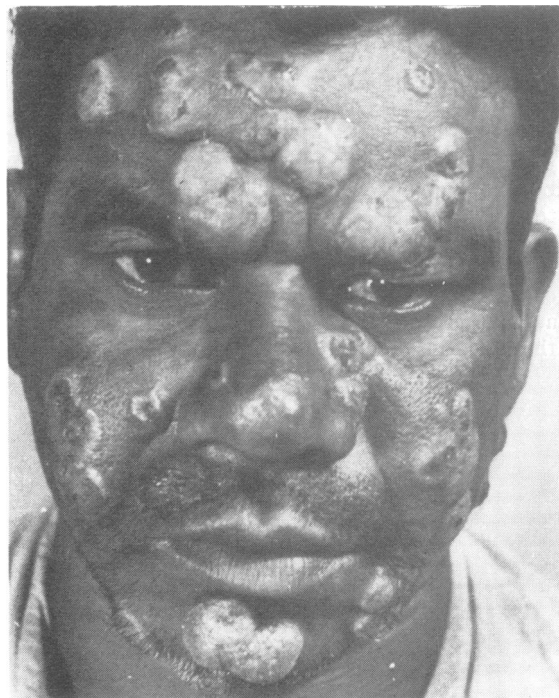


FIG. 1 *Before treatment*

present on the dorsum of the glans penis. The glands in the inguinal region were enlarged, discrete, and firm; the mucous membrane of the mouth was not affected.

LABORATORY INVESTIGATIONS

Total leucocyte count 8,000 cells c.mm. differential polymorphonuclears 48 per cent., lymphocytes 46 per cent., monocytes 4 per cent., eosinophils 2 per cent. Urine analysis normal.

Microscopical examination of the stool showed round-worm infestation. Blood VDRL test positive at a dilution of 1 : 32.

Histological examination of the section stained with haematoxylin and eosin showed the dermis to be markedly infiltrated with chronic inflammatory cells, mostly plasma cells; unfortunately no blood vessels could be located in the section. The epidermis showed marked acanthosis, conspicuous by elongation of the rete pegs deep into the dermis. A chronic inflammatory infiltrate was also present in the epidermis.

TREATMENT

He was given 600,000 units procaine penicillin intramuscularly daily for 10 days (total 6 m.u.).

RESULT

The response to penicillin was remarkable in that the nodular swellings showed complete involution in the course of 20 days, leaving pigmented atrophic scars (Fig. 2). Repeat serological examinations showed a falling titre in the VDRL test.

Comment

This case posed a diagnostic problem from the beginning. The various chronic granulomatous conditions, such as nodular leprosy, tuberculosis, bromoderma, and dermal leishmaniasis were all considered, but none conformed to the clinical features.

The uncertainty was reduced once the patient had confessed after persistent questioning to the episode of extramarital exposure to risk which had been followed by the development of a sore on the glans penis, for which he had had one injection of penicillin and some other treatment the nature of which is not known.

The VDRL test assisted diagnosis when a positive result at a dilution of 1 : 32 was obtained, and the infection with syphilis was confirmed when treatment with penicillin was followed by the complete disappearance of the lesions, and a repeat VDRL test showed a falling titre a month later.

This diagnosis was not considered at first because the site of the lesions was so unusual. Even the standard texts (Willcox, 1964; King and Nicol, 1964) do not mention the face as a possible site of condylomata lata, except for the rare occurrence of these lesions on the nasolabial folds and angles of the mouth. These lesions usually appear around the anus, on the genitalia, groins, axillae, between the toes, or under pendulous breasts, where sweat seems to predispose to the development of condylomata (Willcox, 1964).

The authors advise that, in cases of chronic granulomata of the face, condylomata lata should be considered in the differential diagnosis.

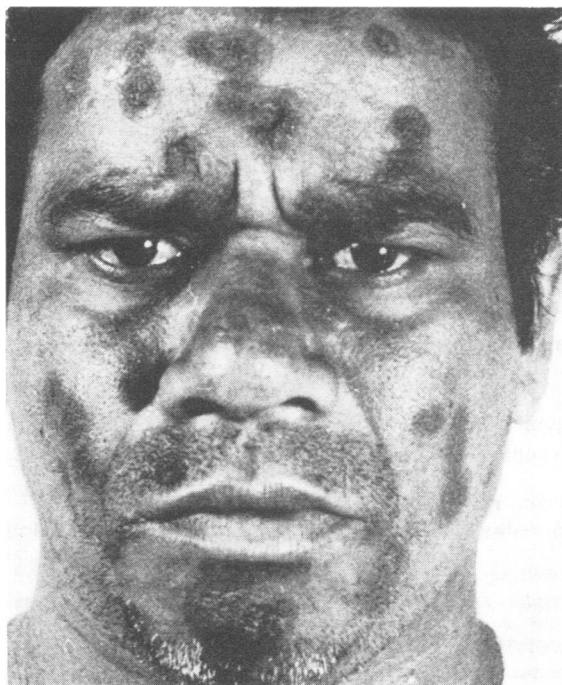


FIG. 2 *After treatment*

Summary

The rare occurrence of a case of condylomata lata on the face is described. Diagnosis was made retrospectively because of a history of extramarital intercourse followed by the development of a penile sore, a positive VDRL test result, and rapid resolution of the lesions after full penicillin treatment. This condition should be considered in the differential diagnosis of chronic granulomata of the face.

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References

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- WILLCOX, R. R. (1964) 'Textbook of Venereal Diseases and Treponematoses', 2nd ed., p. 182. Heinemann, London

Condylomes syphilitiques de la face; diagnostic rétrospectif

SOMMAIRE

Un cas rare de condylomes syphilitiques de la face est décrit. C'est rétrospectivement que le diagnostic en fut fait à cause de l'antécédent d'un rapport sexuel extra-conjugal suivi d'une ulcération de la verge avec positivité du VDRL et rapide disparition des lésions après un traitement complet par la pénicilline. Ce diagnostic doit être envisagé à titre différentiel devant des granulomes chroniques de la face.